



MISSOURI DEPARTMENT OF REVENUE
DRIVER AND VEHICLE SERVICES BUREAU
PO BOX 598, JEFFERSON CITY MO 65105-0598
(573) 751-4509 www.dor.mo.gov/mvdl

FORM
2769
(REV. 11-04)

APPLICATION FOR DISABLED PERSON PLACARD

SEE CONDITIONS AND RESTRICTIONS ON REVERSE

| | | |
|--|--|---|
| TEMPORARY PLACARD | PERMANENT PLACARD | <input type="checkbox"/> RECORD CHANGE ONLY |
| <input type="checkbox"/> NEW-\$2 <input type="checkbox"/> RENEWAL-\$2 <input type="checkbox"/> REPLACEMENT-\$4 | <input type="checkbox"/> NEW-\$4 <input type="checkbox"/> RENEWAL-\$4 <input type="checkbox"/> REPLACEMENT-\$4 | |

SAMPLE

| | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> NAME CHANGE | <input type="checkbox"/> ADDRESS CHANGE | DO YOU CURRENTLY HAVE DISABLED LICENSE PLATE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW MANY DISABLED PLACARDS DO YOU CURRENTLY HAVE? _____ |
|--------------------------------------|---|--|

STATE REASON ADDITIONAL DISABLED PLACARD IS NEEDED IF REQUESTING MORE THAN ONE PLACARD:

| | | |
|--|-------------------|----------|
| LEGAL NAME OF DISABLED PERSON (LAST, FIRST, MIDDLE) OR BUSINESS (PLEASE PRINT) | DATE OF BIRTH | GENDER |
| STREET, RFD, OR PO BOX NUMBER | DLN, SSN, OR FEIN | |
| CITY | STATE | ZIP CODE |

MAIL TO: (IF DIFFERENT THAN ABOVE)

| | | |
|-------------------------------|------------------------------|----------|
| NAME | TELEPHONE NUMBER () | |
| STREET, RFD, OR PO BOX NUMBER | | |
| CITY | STATE | ZIP CODE |

ONE BLOCK MUST BE CHECKED

I hereby certify that I am ☐ a disabled person, ☐ the parent or guardian of a disabled person, or ☐ a representative of an agency that transports two or more disabled persons.

ANY FALSE STATEMENT IS A VIOLATION OF THE LAW AND MAY BE PUNISHED BY FINE, IMPRISONMENT, OR BOTH. FRAUDULENT APPLICATION, RENEWAL, ISSUANCE, PROCUREMENT, OR USE OF DISABLED PERSON LICENSE PLATES OR WINDSHIELD PLACARDS IS A MISDEMEANOR.

SIGNATURE OF APPLICANT REQUIRED

| | |
|--|------------------------------|
| | TELEPHONE NUMBER () |
|--|------------------------------|

IF REPLACEMENT PLACARD IS REQUIRED, COMPLETE THE FOLLOWING:

| |
|---|
| REASON REQUIRED |
| <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> MUTILATED <input type="checkbox"/> DESTROYED <input type="checkbox"/> NEVER RECEIVED (REPLACE AT NO FEE) |

NOTARY INFORMATION - NOTARY IS REQUIRED FOR REPLACEMENTS ONLY

| | | |
|---------------------------------------|---|-----------------------|
| STATE | SUBSCRIBED AND SWORN BEFORE ME THIS DAY OF | |
| NOTARY PUBLIC NAME (TYPED OR PRINTED) | NOTARY PUBLIC SIGNATURE | MY COMMISSION EXPIRES |
| NOTARY PUBLIC EMBOSSEER SEAL OR STAMP | COUNTY (OR CITY OF ST. LOUIS) | |
| USE RUBBER STAMP IN CLEAR AREA BELOW | | |

FOR OFFICE USE ONLY

| | | | |
|-------------------------------|-----------------|-------------|---|
| PREVIOUS PLACARD NO. | EXPIRATION DATE | FEE | <input type="checkbox"/> SIGNATURE <input type="checkbox"/> FEE |
| NEW PLACARD NO. | EXPIRATION DATE | | <input type="checkbox"/> GOOD CAUSE FOR ADD'L PLACARD <input type="checkbox"/> NOTARY (REPLACEMENT ONLY) |
| YEAR OF PHYSICIAN'S STATEMENT | | APPROVED BY | |

REQUIREMENTS

Submit the following items:

1. This completed and signed application;
2. Physician's Statement for Disabled Person Placard (DOR-1776) [Note: Any not-for-profit group, organization, or other entity that transports two or more physically disabled persons must submit two statements.] The Physician's Statement for Disabled Person Placard (DOR-1766) is not required to obtain a replacement placard and is required every four years for renewal applicants. This statement must be issued within 90 days of the application date.
3. \$4 fee for each permanent placard, \$2 fee for each temporary placard, or \$4 fee for either a permanent or temporary replacement placard.

You may submit the items above to your local license office or by mail to the following address.

DRIVER AND VEHICLE SERVICES BUREAU
PO BOX 598
JEFFERSON CITY MO 65105-0598

Upon approval of your application, you will receive a new placard and a validated pink registration receipt. Keep the registration receipt with you when using the placard.

PERMANENT/TEMPORARY DISABLED PERSON PLACARD INFORMATION

A permanent/temporary disabled person placard (placard) is a removable windshield placard that is to be hung from the front, middle rearview mirror of a PARKED vehicle in order to park in disabled parking spaces. It is unlawful to hang the placard from the rearview mirror when driving the vehicle. Designated disabled parking spaces may only be used and the placard only displayed when a physically disabled person is the occupant of the motor vehicle when the vehicle is parked (or immediately before it is parked) or when the vehicle is being used to pick up or drop off the physically disabled person who was issued the placard. The driver or any occupant shall produce the VALIDATED PINK RECEIPT of this application and photo identification of the disabled person for whom the placard was issued upon request from any law enforcement or peace officer. Failure to do so is a class A misdemeanor. A placard is not transferable to another person. It is unlawful for the placard owner to loan the placard to any person for any reason, even if that person is disabled.

Who qualifies for a permanent/temporary disabled person placard?

Any physically disabled person, parent or guardian of a physically disabled person, or a not-for-profit group or organization that transports two or more physically disabled persons.

What is the definition of "physically disabled?"

The term "physically disabled" means a blind person, as defined in Section 8.700, RSMo, or a person with medical disabilities which prohibits, limits, or severely impairs one's ability to walk, as determined by a licensed **physician, chiropractor, podiatrist, or optometrist** as follows.

1. The person cannot walk 50 feet without stopping to rest due to a severe and disabling arthritic, neurological, orthopedic condition, or other severe and disabling condition;
2. The person cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;
3. The person is restricted by a respiratory or other disease to such an extent that the person's forced respiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm/hg on room air at rest;
4. The person uses portable oxygen; or
5. The person has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association.

A person's age shall not be a factor in determining whether such person is physically disabled.

Who determines physical disability?

A physician, chiropractor, podiatrist, or optometrist must certify the person is permanently or temporarily "physically disabled" by completing a Physician's Statement for Disabled Person's Placard (DOR-1776) and indicating whether the disability is permanent or temporary.

What are the penalties for misuse, fraudulent application, renewal, procurement, or use of a permanent/temporary disabled person placard?

Fraudulent application, renewal, procurement, or use of a placard, or parking in a disabled parking space by a person not physically disabled or transporting a physically disabled person is a misdemeanor.

Should the permanent/temporary disabled person placard be returned to the Department of Revenue if the placard owner is deceased?

Yes, the personal representative of the deceased or the person who has possession of the placard must return the placard to the Department of Revenue. Failure to return the placard is a misdemeanor.

If you have any questions, visit our web site at www.dor.mo.gov/mvdl or call (573) 751-4509.